

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-375)

SERIAL NO.

10/584837

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		①				
5		1				
6		①				
7		①				
8		①				
9		①				
10		①				
11	1					
12		①				
13	1					
14		1				
15		1				
16		1				
17		1				
18		5				
19		①				
20	1					
21		1				
22		1				
23		1				
24	1					
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49						
50						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	29	↙		↙		↙
TOTAL CLAIMS	40					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						